



Veterans Administration

REQUEST FOR APPROVAL OF ACCEPTANCE OF GIFTS OR DONATIONS
FOR TRAVEL/SUBSISTENCE EXPENSES IN CONNECTION WITH
OFFICIAL TRAVEL BY DM&S FACILITY EMPLOYEES.

NOTE TO REQUESTING EMPLOYEE AND SUPERVISOR: Before completing this request you should review the Administrator's memorandum to All VA Employees dated May 7, 1984, Subject: Conflict of Interest; Director for Operations Letter dated October 28, 1985, Subject: Conflict of Interest; and DM&S Manual M-8, "Academic Affairs," Part V, Chapter 9.

Questions about this form may be addressed to: Administrative Operations Staff (144C), Office of Academic Affairs, VACO, FTS 389-5175.

PART I. EMPLOYEE REQUEST:

1. Name (Full Name, Office, and Symbol):

2. DATES OF TRAVEL: _____

3. DESTINATION (City and State): _____

4. DONOR ORGANIZATION (Name, Address, and Employer Number):

5. BASIS OF ACCEPTANCE (Check-one):

- a. ☐ Acceptance of cash from a 501(c)(3) approved organization.
b. ☐ Acceptance of support in kind from a 501(c)(3) approved organization.
c. ☐ Acceptance from State, County, or Municipal Government.
d. ☐ Acceptance of cash by a DM&S "Nationally Recognized Principal Investigator"
(If acceptance is as a DM&S "Nationally Recognized Principal Investigator,"
state specific criteria supporting such status: _____)
e. ☐ Acceptance in kind from a non-501(c)(3) organization.

[NOTE: The term "501(c)(3) approved organizations" refers to the Internal Revenue Code and a list of tax-exempt organizations.]

6. ESTIMATED VALUE OF REQUEST (NO HONORARIUM OR COMPARABLE PAYMENT CAN BE ACCEPTED):

- | | | |
|---------------------------------------|--------------------------------|----------|
| a. Transportation (air, rail, etc.) | _____ | \$ _____ |
| b. Lodging | _____ days at \$ _____ per day | \$ _____ |
| c. Meals | _____ days at \$ _____ per day | \$ _____ |
| d. Other (local transportation, etc.) | _____ | \$ _____ |
| e. Total..... | | \$ _____ |

7. PURPOSE OF EMPLOYEE REQUEST (Specify your exact role during the requested official leave period, and the expected outcome of your participation):

8. CERTIFICATION:

I certify that I have read the Administrator's May 7, 1984, memorandum and the code of ethics for government service, and that my acceptance of this gift or donation is in accord with them.

Employee signature

Date

Part II. RECOMMENDATION BY SUPERVISOR:

Upon review of the above request and based upon the employee's position and responsibilities and the purpose of the requested acceptance, I recommend as follows:

_____ Approve

_____ Disapprove

Supervisor signature, Title, Office, and Symbol

Date

Part III. RECOMMENDATION BY DIVISION OR SERVICE CHIEF:

Upon review of the request and recommendation, I recommend as follows:

_____ Approve

_____ Disapprove

Supervisor signature, Title, Office, and Symbol

Date

Part IV. ACTION BY FACILITY DIRECTOR as the CMD's delegated office for approving/disapproving requests (see MP-5, Part I, Chapter 410):

_____ Approve

_____ Disapprove

Supervisor signature, Title, Office, and Symbol

Date

Part V. REPORT OF SUPPORT RECEIVED: (complete and forward this report to the facility director no later than 30 calendar days after completion of the approved report. Information provided will be included in the facilities RCS 10-0146):

CASH RECEIVED

a. Transportation	\$ _____
b. Lodging	\$ _____
c. Meals	\$ _____
d. Other	\$ _____
e. TOTAL	\$ _____

IN KIND EQUIVALENT

a. Transportation	\$ _____
b. Lodging	\$ _____
c. Meals	\$ _____
d. Other	\$ _____
e. TOTAL	\$ _____